

**Port Angeles Town Hall
Medicaid and SCHIP Reform meeting
June 5, 2002**

About 30 people attended the Port Angeles Town Hall discussion on the proposals to amend the Medicaid and SCHIP Reform waiver. Several health care providers – representatives of mental health care programs, hospitals, pharmacies and a physician – expressed sympathy for the waiver goals, but most people at the forum were critical of some parts (or all) of the waiver.

Key discussions included the reasoning behind the program and what some participants saw as the state's failure to adequately explore the revenue side of the equation. MAA Assistant Secretary Doug Porter told the group that it was not a matter of being insensitive to human concerns, but of perspective. "Legislators and policymakers understandably see us as Pacman, gobbling up the budget dollars, and they ask me, Why can't you control the costs of your program?" He noted that the waiver is one of the answers MAA can bring back to the Legislature – a tool to be used by the state to help contain spending without chopping people off the rolls.

The Port Angeles participants did spend time discussing the level of co-pays and premiums that the state could assess. Some people registered objections to any level or fees for Medicaid clients, and many people said the "five percent of income" ceiling originally proposed in Medicaid would be far too high. One person said one percent would be reasonable. Several others indicated that the \$7 to \$10 per person cost (capping at \$21-\$25 for a family) would be less objectionable.

On the matter of an enrollment freeze, the audience appeared to be divided when Porter asked the audience "which would be more fair?"

- Lowering eligibility levels overall during a budget emergency?
- Or freezing enrollment to protect current clients but keep new applicants off the rolls?

There were practical as well as philosophical objections to the idea of emergency room co-pays – hospital and clinic representatives doubted they would work and felt they would be difficult to collect, as well as troublesome by making physicians decide what is an emergency and what isn't. Porter agreed that the problems needed to be worked out. "If there isn't enough access across the state to guarantee everybody can find a doctor, that's a problem...But what we're trying to find out is, would the federal government approve this proposal, do they think it's a good idea in concept, and if they do, then we have to find a practical way to do this on the ground...I admit we're a long way from having that answer."

In a good-humored moment, many people in the audience grinned and nodded their heads enthusiastically when Porter noted that the federal dollars in Medicaid could be increased dramatically "if we could saw off King County" from the rest of the state. He was explaining that Washington's Medicaid program is funded about 50-50 by state and federal funds. The federal match is much higher in some states with lower average personal incomes.

Written testimony: NAMI Kitsap County comments on waiver

Other comments:

► "There are children who have no medical coverage because their parents are so poor. Doctors won't see them because they have no coverage. Take those SCHIP funds and use them to cover children without health insurance...."

► “I got told about two and half weeks ago that effective October 1 that SCHIP no longer exists. OK, so the plan is to move them to Basic Health. How does that fit with this waiver? Who’s going to help all these people with all this paperwork?... I have kids that are SCHIP kids. I push it. But now, I get smacked up beside the head, ... C’mon guys. What’s the game? I don’t know what we’re playing.”

► “First of all, I think a lot of people here tonight are people who help people get the benefits. I’m one of the people who NEEDS those benefits. And second, it looks to me like you’re trying to keep the milk from souring, but you forgot to see that the problem is bad cows....Why aren’t you focusing on prescription drugs, if they’re off the mark. If Medicaid and Medicare paid for our prescriptions in Canada, this problem would be solved.”

► “If the governor is telling you how to budget, then the governor should be concentrating on prescription drugs.”

► “It’s inhumane, and I can’t believe I’m living in a state where people with luxury SUVs have to pay \$30 for their license tabs, and people with no income would have to pay co-pays and premiums just for basic health care....”

► “I happen to know that with mental illness, some of those drugs have no therapeutic equivalent. What would happen to those people?”

► “What’s scary is that people won’t get the prescriptions their doctors prescribe.”

► “We have periods of time where there are months and months on end when people are unable to find doctors who will take them...I don’t know of anybody who doesn’t have a limit on Medicaid patients.”

► “The drug co-pay you’re describing...that’s better than insurance...My husband just got his new heart medicine, and guess what? It’s not covered. So we’re going to have to pay for it.”

► “The enrollment freeze: You have no other option, and you have no choice...It’s unfair and wrong. ...How many Medicaid consumers does DSHS expect to lose as a result? ...Instead of talking about numbers here, we ought to be talking about people...My big concern is the fact that when I hear you talk about people, and this alarms me...I think you’re talking numbers instead of people...”

► “I also work for DSHS.....and in Region 6, we have more tribes than other areas, and in some of our rural areas, there truly is not a doctor for some of these folks...25 or 40 miles from the Forks Community Hospital....they don’t have a doctor...Some don’t have a tribal health clinic either...Is there going to be an exception if there is no doctor or clinic in rural areas...Also, were tribes notified about the changes in this waiver?”

► Emergency Room co-pays: “You, the state, should collect it, because they won’t have the \$10 on them, but they might have it three or four days later, so you could bill them and they could mail it in.”

- ▶ “I would like to propose the Legislature impose a tax on all of the drug advertising in this state!”
- ▶ “I’m a grandmother...and we’re raising our grandkids, something that’s happening a lot these days, and ...we’re on Medicare and have no ability to insure our grandkids...We kept them out of foster care, we soak up a lot of their expenses....I don’t drive...We love the kids and we’ll take care of them, but in our case we give up a lot...We have to give up drugs that we need....But if the kids need medicine, we better do it...Two weeks ago the kids needed to see the dentist...My dentist is fee for service, I pay him everytime I go in...but he wouldn’t take the kids...I was stunned...I called eight dentistsand each one told me the same thing...I called the County Health Department....and THEY didn’t know of a dentist that would help us... They didn’t have a dentist to recommend except in Kitsap County...It’s just as true with the medical access... We’ve got a fat cat dental community that’s raking it in hand over fist and they won’t give us a break....”
- ▶ “How long is our Legislature going to be free to pass the buck to somebody else, because I think that’s what’s going on?
- ▶ “I work at the hospital and I can tell you that if you come in to the emergency room, you’re going to be sitting there for about two hours, because we have a very high caseload...and so there’s going to be a wait...I also think federal law protects you, the patient, because emergency medical treatment is guaranteed...we’re going to treat you, regardless of whether you can pay....”
- ▶ “I’m a mother of son who has schizophrenia and a daughter of a mother who had one and the sister of someone who had it...mentally ill...I am just so sad that we have come to this state where we have to put a cap on enrollment...I cannot imagine any one of my relatives or your relatives ... they start out with symptoms, nobody knows what is wrong...and because of an enrollment cap, they are refused treatment...and this is early, when they’ve got symptoms....Then they get worse, they get paranoid, the police get called in....They’re not trained in crisis intervention, this guy may be on drugs...so they take him and put him in jail...Maybe they’ll call in some intervention? And maybe he’ll be hospitalized for treatment...The point is that if that person had received that treatment early on, they wouldn’t be in that vicious circle...if a person is in a cycle like that, he’s going to cost the community thousands and thousands of dollars, and this DOES get passed on to the state.”
- ▶ “Let’s go to cost-sharing As far as premiums are concerned for the working poor, five percent is a lot of money...it’s too much..... I would recommend no more than 1 percent...and go back and ask people if it’s OK....
- ▶ Co-Pays: “Won’t most of that \$10 be eaten up by administration?”
- ▶ “We have clients living with \$400 a month, and they have to pay for rent and food from that... You tell me what can they afford. Right now, we have people and we don’t have one place we can put them.”
- ▶ “I’m director of the local mental health program...and I want to say something positive...I appreciate you folks coming out to the community and talking about this...but I really think the waiver is the wrong direction....Medicaid has been the safety net system for our state, and once you start punching holes in it, then we are basically are going to be letting people fall through the safety net...Who is going to rescue them in the community?In fact, we already have big problems, and punching more holes in the system is not the solution...I also really doubt whether fiscally it would

be efficient to even use these kinds of tools to patch up the Medicaid system....Personally, I don't think so. I think you're looking in the wrong direction...."

► "When I go and talk to my legislators, they look at you guys....but if you don't validate (what I'm saying), then they won't pay attention to us..."

► "Many of these tools are short-term solutions to the problem and it's not going to go away. .. We need to look more at some of the incentives for economic development, things that can bring revenue in....That's what I say. What kind of new resources can I find..?"

► "At our community clinic, we are serving about 35 to 50 people a week and we charge them nothing....What is our congressional delegation doing about this? Last week in the Seattle Times there was a good editorial on this topic, and I think we need to ask who determines how much Medicaid the state gets....There's a lot of comment over our farm subsidy, and when we can spend \$180 billion onwell, there's something wrong with the system.. What IS the matter with our congressional delegation?...I'm a senior citizen and a retired pharmacist, but I look at some of the people who visit our free clinic....Subsidized farmers are raking in the money, and the poor people here are ...well, they get morbidity and mortality...."

► "At our free clinic we ask the question: Are you employed? And 50 percent of the people we treat have no job."

► "I'm here for AARP, and with respect to the prescription drug, a \$5 cop-ay is not going to go anywhere near the cost of paying for a brand-name drug...I would say rather than pussyfooting around, just say that from now on if a doctor is going to prescribe drugs, tell them a brand name is not available, and if they get a drug it will be a generic. And that will take care of that!"

► "With regard to our friends in Congress and the lack of cooperation we get from other states, I think the answer is to remind the California delegation that next summer when the lights start going dim -- don't look north for any help this time!!"

► "The pharmaceutical companies are the ones with the power...so their lobbyists make sure that there is a federal law that makes sure that Medicaid dollars aren't used to prevent people from getting high-priced brand name drugs."

► "I'm looking at this list of mandatory and optional services, and I'm concerned that this would happen:My dentist office will not cover me any longer because of the Medicaid waiver...My prescription provider, my pharmacist, are going out of business because of the Medicaid waiver....I'm not sure where I'm going to get the medicine that keeps me alive...I'm now optional, I'm not a child, I don't have breast or cervical cancer.... But because I don't get SSI, I don't fall into one of those categories....I'm out of luck...The fear of the Medicaid waiver has hit the peninsula....My pharmacist has already told me that he can't provide me with the medication any more...I'm one of those who is going to experience morbidity and mortality pretty soon, and it's not a laughing matter...."

► "I think the cutting back of dental, vision and hearing is not a good idea...These people need to have dental care, andyou're trying to balance the budget on the backs of poor people... Why don't you go after some other populations? I understand professors at the University of Washington make \$75,000 a year.... Provide enough money for food instead of coming after us, saying give up,

poor people, give up!... You need to go after people who are earning lots of money in the system, including those getting rich in the bureaucracy.”

► “When they’re talking about even a \$7-a-month premium, they’re talking about less food for their children.... I want to be on the record... as saying that a premium is wrong, and it’s also administratively a mistake because it’s inefficient.... So I say, no premiums!”

► “With these families there are children, many of the children are healthy, so they drop coverage, but then when they get their sore throat or catch a disease, then they go back on the program because they need it....”

► “We work with the COPES program... We have folks who are receiving life sustaining medicine have had their physician retire and now they cannot find something. ... Having said that, I have no alternative except to oppose the waiver, and I hope that people who fill out the feedback form with ‘None Of The Above’.”

► “You saw very clearly the unemployment data... The outrage I think needs to be directed not at you folks but at the Legislature... We need to tell them, YOU go find the money! I also think we should all write to our legislators and ask them, Why weren’t you here tonight?”

► “I’m a pharmacist... and I agree that certainly the biggest increase has to do with prescription medication... I don’t doubt that for a minute... You’re frustrated, and I’m frustrated – but I’m also frustrated as an employer with my costs going up 25 percent.... We have a lot more medications today than we did 20 years ago if you had Carpel Tunnel Syndrome or asthma... What’s happened is, the bar has gone up and up and up in terms of what we expect as basic health care.... We need to go back to basic health care... if you didn’t have to pay for Allegra, if you didn’t have to pay for Claritine.... pharmacists can tell you that if somebody will write a prescription for it, it’s easy to get it covered.... and I also can tell you that money doesn’t go to ME, it goes to the big drug manufacturers.... so either we need to figure out how to get more money or we need to go back to basic health care and what we expect.”

► “I would like to talk about two things -- optional services and solutions... I was a little concerned that there was a list of optional things... that really concerns me because there are lot of people who need prescription drugs, they need to have blood draws... detox, outpatient treatment for the mentally ill... But what I would like to talk about is some solutions... one is to reduce paperwork for the community health clinics and providers... I don’t know who reads all that papaer... but if you could cut the paperwork by 50 percent, it will free up that much more time to spend with patients....”

► “I just wish there was more compassion in this. Where is the compassion?... Do we want to see our relatives running around with no teeth or rotten teeth... We’re going to have a whole population like that, a lot of people, and you can look at these people, and know that they’re... well, they’re poor people...”

► “And who would hire them?!”

► “First of all, thank you for coming to talk to us... I’m the mother of a son with mental problems.... and I sit on western state hospital board.... I am so tired of fighting for my son’s life.... First of all... before we had him on the medication, he was in a revolving door.... I fought

and fought to get him onto medication...Why? Because it is cost-effective. It cost the community a lot every time I had to call 9-1-1....Now, being on the hospital board, I am fighting to keep wards open and beds available...Yesterday we were told there is another whole ward we have to close....We're working hard and using skills to teach them to live in the community...and you're taking away their coverage....I say \$7 a month is too much...They have to buy their food and their clothes and you want them to pay for health care..."

► "One of my managers said if you would reduce frequency of eligibility reviews even by half, it would certainly relieve a major strain...."

► "And spenddown is another thing -- don't even get me started on spenddown..."

► "I don't want my insurer to get me back to basics so I have to be sedated..to even get to work in the morning...it's too shortsighted to say let's get back to basics..."

► "If a person happens to have, maybe because their father has retired, SSA so they are in that optional group so they are going to be prevented from getting access to that clinic? Then we are being pennywise and pound foolish."

► "If the drug addicts come out and they're clean and they want to turn their life around...They need something, they need help."

► "I'm always somewhat amused when I hear DSHS representatives and other bureaucrats say that the Legislature made us do this, the Legislature made us do that...My impression, correct me if I'm wrong, is that we're going through all of this at the Legislature's insistence because you were going to try to sneak it through without anybody knowing about it and the Legislature itself was shocked when they found out what you were up to....and you were told...Don't you dare do this without coming back to the Legislature!! And now, when you get to the end of the year, you're going to have to take all of this back to the Legislature and they're probably going to throw the whole thing out ...based on the yelling and screaming of people in this room. Or they're going to decide that they have to raise taxes...and that's ultimately what has to be done...."

► "You guys are just pencil pushers...We need to be talking to our legislators."

► "The state needs to say something about tax reform, because without it you can't solve this problem."

► "I work at the hospital and personally I would oppose co-pays because the effort of billing...would just be a headache...On a personal level, I have narcolepsy...take medication...have to pay for it myself because I have a pre-existing condition...I like your idea of solutions, I think the federal government should pay more ...But I also don't want to be taxed any more. Still, on a community level, I am willing to help my community, with volunteer work. I also give a lot of money to charity...We have a lot of people who need care but aren't getting it because doctors and dentists won't see them....We need to do something to give them some incentive...so that we can meet the immediate need while we are waiting for the federal government to help."

► "I wonder if there couldn't be other Basic Health insurance people who could be called in...or more plans participating in Basic Health. We need to create some incentives to bring insurance companies back to the community..."

► “I get \$9,000 a year and I have to pay more than half of that for out-of-pocket medical, and those costs are going up...”

► “I was quite concerned about these proposals...but I’d also like to thank DSHS. They’ve helped me a lot. They’ve helped me with surgery, they’ve helped me with mental problems....The other thing I’d like to say is that all the people who voted for the car tab proposal by Tim Eyman....should know by now that the poor folks are just paying as much as before, and the people with their big fancy cars are getting off the hook.”